

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/03/2023</b>	
NAME OF PROVIDER OR SUPPLIER: <b>LINDEN HALL</b>  STATE LICENSE NUMBER: <b>908002</b>				STREET ADDRESS, CITY, STATE, ZIP CODE: <b>114 MAIDEN LANE</b> <b>KENNETT SQUARE, PA 19348</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
P 0000	<p>INITIAL COMMENT</p> <p>Based on a State Licensure survey and Civil Rights Compliance survey completed on March 3, 2023, at Linden Hall it was determined that no deficiencies were identified under the requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.</p>			P 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



# Certified End Page

**LINDEN HALL**

**STATE LICENSE NUMBER: 908002**

**SURVEY EXIT DATE: 03/03/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



**THIS IS A CERTIFICATION PAGE**

**PLEASE DO NOT DETACH**

**THIS PAGE IS NOW PART OF THIS SURVEY**